INSTITUTION St. Lukes Hosp. Sample	HOSPITAL OR In Hospital, by the location Notice In Hospital Color In Hospita	NOSPITAL OF THE STANDARD OF STREET O	AMENDED	IDED	- [-	1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis, Mo.	2. USUAL RESIDENCE (Where de a. STATE Missourf. C. CITY OR TOWN St. Lou	is	admiss Inside i Yes 🗆
Edwin F. Mullins Death Aug. 28, 1961 5. SEX 6. COLOR OR RACE 7. Married Never Married 8. Date of Birth 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER Mar. 30, 1884 77 Months Days Hours 10a. USUAL OCCUPATION (Give kind of work done dying most of working life, eyen if retired) Mar. 30, 1884 77 Months Days Hours 10a. USUAL OCCUPATION (Give kind of work done dying most of working life, eyen if retired) Tennessee USA 10a. FATHER'S NAME ISUAL NAM	Edwin F. Mullins Open Aug. 28, 1961 5. SEX 6. COLOR OR RACE 7. Marrised 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER I YEAR IF UNDER 10a. USUAL OCCUPATION (Give kind of work done during life, extra if epited) Ober Hours 10a. USUAL OCCUPATION (Give kind of work done during life, extra if epited) Ober Hours 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 11a. TATHER'S NAME William A. Mullins Martha McAnaly Icy Mullins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Industry Industry Industry Industry 16. CAUSE OF DEATH (Erric rong) one cause per line for (a), (b), and (c). 17. INFORMANT Industry Industry Industry Industry Industry Industry 18. CAUSE OF DEATH (Erric rong) one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Erric rong) one cause per line for (a), (b), and (c). 19. WAS DECEASED EVER IN U.S. ARMED FORCES? Industry	Continue			1_	HOSPITAL OD "	ADDRESS _		Reside on
male white Divorced Mar. 30, 1884 77 Months Days Hours	Mar. 30, 1884 77 Months Days Hours	To a both to both and the property of the part of th			-	(Type or print) Edwin F. Mullin	OF DEATH	Aug. 28, 196;	IF UNDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] (If yes, give war or dates of service) INDICE IN UNK. IR. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 16. SOCIAL SECURITY NO. 17. INFORMANT ICY MULLINS 3341 Liberty. INTERVAL BET ONSET AND E Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) DUE TO (c)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yet, no, or unknown) (If yes, give war or dates of service) In none In Interval BETONSET AND IN	15. WAS DECEASED EVER IN U.S. ARMED FORCES? TO No. or unknown! (If yes, give word dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT St. TOULS Address Into No. or unknown! (If yes, give word dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 19. WAS DECEASED EVER IN U.S. ARMED FORCES. 19. WAS DECEASED EVER IN U.S. AR	CITOWS		-	male white Widowed Divorced Di	Mar. 30, 1884 Y 11. BIRTHPLACE (City and state of Tennessee	77 Months Days or country) 12. CITIZEN OF USA NAME OF HUSBAND OR WIFE	WHAT COU
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (c)	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last disease condition given in PART. I (a) 19. WAS AUTOPSY PERFORMED? PERFORMED	Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If decessed was ferme there a pregnancy in last prescribed by the performance of injury in PART II. If decessed was ferme there a pregnancy in last prescribed by performed part of part III. If decessed was ferme there a pregnancy in last prescribed by performed part III. If decessed was ferme there a pregnancy in last prescribed by performed part III. If decessed was ferme there a pregnancy in last prescribed part of part III. If decessed was fermed there a pregnancy in last prescribed part of part III. If decessed was fermed there a pregnancy in last prescribed part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there a pregnancy in last part of part III. If decessed was fermed there are pregnancy in last part of part of part III. If decessed was fermed there are pregnancy in last part of part III. If decessed was fermed there are pregnancy in last part of part of part III. If decessed was fermed there are pregnancy in last part of	AKE AS LO	IN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 110 110 116. SOCIAL SECURITY NO. 117 118 119 119 119 119 119 119 119 119 119	17. INFORMANT St. LO	uis Mo.	
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	20c. TIME OF Houl Month, Day, Year INJURY a.m. p.m.	20c. TIME OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY ST WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY ST WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY ST WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY ST WAR AND WASHINGTON ON THE COUNTY ST WASHINGTON ON T	MEN I		MOITACIBITO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT disease condition given in PART. I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HO		there a pregna	ncy in last 1
WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK farm, factory, street, office bldg., etc.) 21. I attended the deceased from am, zo, 1958, to dug, 78 1961 and last saw him alive on dug 78 1961.		23a. BURIAL, CREMATION, 123b. DATE 23c. NAME OF CEMETERT OR CREMATORY 250. LOCATION (CITY) DWN, of COUNTY) (State)	SHOULD		: I .	Detail detailed	3720 Wash	ington	

Der Becke 3720 Mushington 1. To 4 P.M

STATEMENT BY LICENSED EMBALMER

I hereb	by certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
:	•	•
working under	my personal supervision.	
	· 4,	Signed David Van Ferran
Student	Signature of Student Embalmer	Signed_5 (1200 G) CR
	Signature of Student Embattaci	10 . 11 -
		Licensed Embalmer No. 4242

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embaimed, fact should be so stated above.